

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÆ."

SATURDAY, OCTOBER 31, 1885.

Original.

THE IMPROPRIETY OF THE RECOGNIZED AMPUTATIONS ABOUT THE FOOT AND ANKLE.*

BY AP MORGAN VANCE, M. D.

Having for a long time considered the usual amputations about the tarsus and ankle joint unsurgical, I take this occasion with a very short and hurriedly-prepared paper to give my reasons for this opinion.

There are none of us who can not recall to mind patients suffering with stumps which have broken down after moderate use, or have never healed after these amputations; and all who have had any experience in adjusting supplemental apparatus to this class of amputations can testify to the great difficulties often encountered before a comfortable fit is accomplished, this result often being impossible. There are none of us who do not remember to have seen the awkward and painful gait which results when it is attempted to adjust even a leather shoe to these stumps. I do not know how many times I have been applied to in the past five years by patients who had been compelled to return to crutches at various periods following amputations of this kind, either because of the contraction of the extensors, causing the cicatrix to be impinged upon, or from the breaking down of the bones from the primary injury, and sometimes renewal of disease where this was the reason for the amputation. Some will say that a tenotomy will always prevent the first named and most common of the difficulties, but all who have had any experience, especially in young subjects, know that relief thus gained is only temporary. The great awkwardness and many other inconveniences resulting from any of the recognized

amputations between the mid-metatarsal region and four inches above the ankle-joint, are reasons sufficient to make a man think twice before doing any of them, but this is not the great reason why I always go to the junction of the middle and lower third of the leg rather than amputate at any point between this and the mid-metatarsal region. The infinite superiority of this amputation in comfort, usefulness, and appearance is, to my mind, unquestionable. With the most improved limb, a person with a leg amputation at this most eligible point can perform with comfort almost any task that one can do with two good limbs. Some will ask, why not save two inches more of the leg? We answer, because that, to get the best mechanism, four inches space is required above the ankle-joint.

The dangers are not increased in leg amputations, but rather the reverse in my opinion; the time of convalescence is shortened very much, as will be illustrated by some cases which I shall report in brief. I find, since writing the above, that Dr. Douglass Bly, the inventor of the best artificial limb, advocates the same point of selection whenever the question arises, and for the reasons above given.

CASE I. April 29, 1884: Mrs. X, aged forty-nine years, amputation of leg four inches above ankle-joint, as a radical relief for sarcoma of the dorsum of the foot. Antero-posterior skin flaps. Ligatures all came away on seventeenth day. The wound was completely closed on the 21st. At the end of the eleventh week a Bly leg was applied, which has been worn every day since with a great deal of satisfaction and comfort. The socket had to be changed after six months on account of the usual atrophy.

CASE II. Mr. Y, aged twenty-six years, suffered the same amputation as in preceding case for specific osteitis of the lower end of the tibia; secondarily, of astragalus. The ligatures were away by the fourteenth

*Read before the Louisville Medical Society, September 24, 1885.

day, and on the twenty-first day the wound was healed. He was able to wear the artificial limb in two months and ten days. This patient was a drummer, and at the end of three months could, without a cane, walk all day and carry a fifteen-pound satchel with hardly a perceptible limp. The last day I saw him, some four months after amputation, he told me that he had just been waltzing with his wife. Mr. Matthews, who was kind enough to lend me these specimen limbs, has a mid-tibial amputation and is able to work at his bench all day and walk with such ease and dexterity that three people out of five can not tell which of his legs is the sound one. He can even skate.

LOUISVILLE.

Miscellany.

COMPRESSION MYELITIS OF POTT'S DISEASE SUCCESSFULLY TREATED BY LARGE DOSES OF POTASSIUM IODIDE.—In an interesting paper, read before the Neurological section of the New York Academy of Medicine on the above subject (Medical Record), Dr. V. P. Gibney reports a number of cases of myelitis caused by compression during the course of Pott's disease, in which large doses of the iodide were given with marked benefit. He says: Formerly I never dared give a mother any hope that her child would recover from the paralysis short of six months. I usually gave the prognosis that twelve months would elapse before the child would walk. Since I have used the iodide I have been able to give a prognosis much more favorable both as to time and completeness of recovery. I seldom hesitate to name three months, four at the farthest, in which recovery will take place.

He summarizes the points in the management of these cases as follows:

1. Secure at the earliest possible moment immobilization of the spine, especially in the neighborhood of the vertebræ diseased.
2. Begin with ten grains of potassium iodide in mineral water—Vichy, I think, is best suited for most cases—three times daily after meals.
3. Increase the dose daily by five grains, until the stomach shows signs of intolerance.
4. Maintain as large a dose as the stomach will tolerate until convalescence is fairly established.

5. Do not lose sight of the apparatus employed, and replace it without hesitation and without delay whenever its inefficiency is demonstrated.

6. Keep the patient in bed the greater part of the day, and if he goes out see that the recumbent, or at least a semi-recumbent position is maintained. Under no circumstances permit efforts at standing until convalescence is fully established.

7. See that the general health does not deteriorate while special treatment is pursued.

ON THE FAILURE OF SALICYL-COMPOUNDS IN THE TREATMENT OF ACUTE RHEUMATISM ACCOMPANIED WITH INFLAMMATION OF THE GENITO-URINARY MUCOUS MEMBRANES. Dr. Thomas R. Fraser, in an interesting article (Edinburgh Medical Journal) on the failure of the salicyl-compounds in relieving rheumatism complicated with gonorrhea, concludes as follows:

1. That many of the cases which have been considered to be gonorrheal rheumatism were merely cases of toxemia, produced by a toxic substance absorbed from an inflamed genito-urinary mucous membrane. The cases I refer to are met with especially among the examples of chronic mono- or oligo-articular inflammation.

2. That in other cases the disease is a rheumatism modified by toxic infection from a venereal or non-venereal inflammation of the genito-urinary mucous membrane. The rheumatic or toxic phenomena may in these cases be present in very different degrees of relative prominence, sometimes the rheumatic, and, at other times, the toxic phenomena being the more prominent. This, the true form of gonorrheal rheumatism, presents itself chiefly as an acute or sub-acute disease.

3. That in no variety of gonorrheal rheumatism is the progress of the disease materially influenced by the administration of salicyl-compounds; and as the distinction in acute, and even in sub-acute cases between gonorrheal and ordinary rheumatism is always at the commencement, and sometimes during a great part of their progress, a matter of much difficulty, the failure of the salicyl-compounds in the former disease is a valuable assistance in diagnosis.

THE USE OF STRYCHNIA IN NERVOUS DISEASE.—Dr. Landon Carter Gray, in the October number of the American Journal of the Medical Sciences, reports five cases

which, as far as they go, demonstrate that strychnia was not well borne by two cases of severe acute myelitis, or by two sub-acute cases of mild poliomyelitis anterior; that gr. $\frac{1}{16}$, continued for four days in a case of transverse myelitis with early extension to the lateral columns, given three months after onset, suddenly induced alarming toxic symptoms; that one chronic case of general myelitis of traumatic origin was greatly benefited, as was also a case of general myelitis in which the onset had been gradual; that in five cases of progressive muscular atrophy it acted as a remarkable stimulant; that, as Dr. Weir Mitchell has indicated, it was decidedly beneficial in cases of neurasthenia, which, after being treated by some eight to ten weeks of rest and forced feeding, were taken out of bed, although it failed to agree with three cases of neurasthenia which were treated in the ordinary way.

CONJOINT USE OF MORPHIA AND ATROPIA FOR HYPODERMIC MEDICATION.—Dr. Talfourd Jones (British Medical Journal), from a study of this combination, arrives at the following conclusions:

1. Fairly small and moderate doses of atropine slightly increase the hypnotic properties of morphine. This is a matter of doubt with many; some deny that atropine does this, while others even say it very decidedly lessens the hypnotic action.

2. Atropine in medicinal doses increases the anodyne properties of morphine, and this increased anodynia is more marked in local than in distant injections.

3. Atropine in moderate doses counteracts the depressive action of morphine on the heart, and lessens the tendency to sickness, giddiness, and faintness; and, by its influence on the circulation and on the skin, it also tends to prevent the clammy sweat, the pallor, and the coldness that morphine not unfrequently induces.

4. In small doses it does not influence, to any appreciable degree, the action of morphine on the respiration; but when given in fair medicinal doses, and, *a fortiori*, in larger doses, it increases the number of respirations per minute and augments their depth.

THE CAUSATION OF SYMPATHETIC OPHTHALMIA.—A new light has been shed upon sympathetic ophthalmia by the researches, clinical and experimental, undertaken by Deutschmann (of Göttingen), who, proceeding upon the idea that this disease was

of an infectious origin, sought the prime cause of the infection. This he found to be none other than the micrococcus already well known and studied especially by Rosenbach; the *staphylococcus pyogenes albus* or *aureus*, which, according to the center to which it is carried, produces phlegmonous osteitis in the bony system, anthrax in the skin, while if it penetrate the eye by means of an accidental or operative traumatism, or by an ulceration of the cornea (serpiginous ulcer with hypopion, or perforation in consequence of a purulent ophthalmia, etc.) it effects the disorganization with phthisis of the bulb, and may, in propagating itself along the optic nerve, by means of the chiasm, reach the other eye and there provoke what has been called *sympathetic ophthalmia*, but what Deutschmann proposes to call *liquefactive ophthalmia migratoria*.

His experiments, begun in 1882, were made upon the eyes of rabbits. At first all the eyes injected with a septic liquid were lost by purulent liquefaction, whereupon he resorted to injections directly into the substance of the optic nerve. When a culture of *aspergillus glaucus* or croton oil was employed, the result was a moderate retinitis of short duration in the opposite eye, and some pathological changes of the intervening nerve substance, but neither great nor lasting injury, which added to the probability that the grave accidents often observed clinically must be due to the pululation of the septic agent itself.

As the *aspergillus glaucus* had failed to multiply, Deutschmann made trial of the *staphylococcus aureus*, with which he finally succeeded in producing all the symptoms of sympathetic ophthalmia, and found in the secondarily attained eye an abundance of both the micrococcus and diplococcus.

Deutschmann inclines to think there may be many species of micro-organisms more or less dangerous, and more or less vivacious, capable of producing *migratory ophthalmia*; some of them capable of producing symptoms very grave and rapid, while others may sojourn for years in the affected eye in a state more or less latent—sleeping, so to speak—until some determining cause comes to favor their development. All of which calls for the prompt enucleation of the eye primarily infected, and the application to the other eye of all the resources which antiseptics puts at our disposal—mercurials in the front rank, frictions, calomel in broken doses, etc.—*Le Progres Medical*.

MICHIGAN AND THE SMALLPOX QUARANTINE.—Ever since the day when smallpox was declared epidemic in Canada, the Michigan State Board of Health has maintained strict quarantine regulations with reference to all persons, goods, and chattels which have essayed to pass from the infected localities into that State. In consequence of the recent action taken by the United States Government relative to the maintenance along our northern border of quarantine against the disease the secretary, at the request of the governor, has informed the Michigan State Health Inspectors of Travel that they are to cease from specific duty, and the Surgeon of the U. S. Marine Hospital Service at Detroit that the State will take no further action in the matter. The secretary closes his address to the inspectors with the following very suggestive compliment:

Permit me to thank you for your efficiency. During your service no smallpox has entered Michigan, so far as known; but it has been reported to have been conveyed from Montreal, by persons or otherwise, to Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, New York, Pennsylvania, Illinois, and Wisconsin. The most exposed of any State, Michigan, has so far escaped.

Very respectfully, HENRY B. BAKER,
Secretary.

A NEW HYPNOTIC—URETHANE.—This substance is an ether carbamic, or a carbamate of ethyl. It is in the form of white crystals, without smell, or slightly like salt-peter. It is soluble in water and in alcohol. Following an idea that it would be well to find something that was not subject to the unpleasant secondary effects of chloral, bromide of sodium, etc., this was tried first on rabbits and other animals, where it had no toxic effect, even in very large doses. In some hundred cases it brought on a natural slumber in human beings, without respiration or circulation being interfered with. In small doses, say fifty centigrams, its action is slow, but in one-gram doses it acts promptly. It acts in most cases directly on the brain. It shows its best effect in delirium tremens and mania.—*Pharma. Rec.*

THE INTERNATIONAL MEDICAL CONGRESS. Among the most important acts of the last meeting was the election of Dr. N. S. Davis, of Chicago, to the office of Secretary-General. This will meet with general approval. The committee will get a fair support in New York, particularly from the Bellevue men. The name of Austin Flint, sr., will

be worth much among the shattered fragments that remain. Many able men in different parts of the Union will assist. We may derive what comfort we can from these considerations; but, after all, the broad, sad fact remains that the cream is principally gone, and we are left to feast on skimmed milk.—*Canadian Practitioner.*

DR. M. J. ROBERTS reports, in the Medical Record, a case of bone surgery under the influence of cocaine. He followed the plan suggested by Dr. Corning and referred to a few weeks ago. An Esmarch bandage was applied in fifteen minutes after the cocaine was injected. An incision five and a half inches long and the removal of several pieces of bone by means of a drill was accomplished with but little discomfort.

THE trustees of the estate of the late Dr. Ernest Krackowizer have presented a sum of money to the New York Academy of Medicine, the interest on which is to form a triennial prize to be awarded to the essay which should be thought most deserving by a committee appointed by the Academy.

AT the last meeting of the New York Academy of Medicine the treasurer announced that the final payment on the original mortgage of ten thousand dollars had been made, thus leaving the academy free from debt.

DR. ROBERT COLTMAN reports, in the Medical and Surgical Reporter, a case of poisoning by one grain of hyoscyamine relieved by one fourth grain of morphia hypodermically.

IT is stated that Professor Matthew Hay, of Edinburgh, has been elected professor of pharmacology in the Medical Department of the Johns Hopkins University at Baltimore.

ON the first day of October there were reported throughout Spain four hundred and ninety new cases of cholera, and one hundred and seventy-six deaths from the disease.

PROFESSOR ROBIN, the great French physiologist and histologist, died October 6th, aged sixty-four years.

PROFESSOR WILLIAM OSLER, of Philadelphia, will deliver the next Cartwright lectures.

The Louisville Medical News.

Vol. II. SATURDAY, OCTOBER 31, 1885. No. 18.

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - - Assistant Editor.

COLLABORATORS:

E. R. PALMER, M. D. J. A. OSTERLONV, A. M., M. D.
WM. BAILEY, A. M., M. D.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

ELECTROLYZATION.

In our last issue appeared a translation of a communication made by Dr. Broudel to the Academy of Medicine of Paris at its regular meeting. September 22d, respecting a method of administering medicines by electrolysis. As a fit companion piece we present the following translation, from *La Semaine Medicale*, of a report made to the Academy at the next meeting by M. Dujardin Beaumetz:

With reference to the communication made at the last session by M. Broudel on a new method of administering medicines by electrolysis, I requested that gentleman to kindly repeat his experiments under my supervision. His discovery, if discovery it was (I was then ignorant of the claims of priority just sent to the Academy by MM. Onimus and Courserrant), constituted in effect a veritable revolution in therapeutics, and I was happy to become fully advised in regard to it. M. Broudel accorded my request with good grace, and came in person to make the following experiment, one of those of which he had spoken. A circular plate of amadou, steeped in a solution of iodide of potassium was placed on the back of a patient, and put in communication with the negative pole of a pile, while the positive pole was placed on the abdomen, separated from the skin by a conductive plate containing a solution of starch. The passage of the current produced no phenomenon whatever.

At a given moment, M. Broudel having changed the position of the starched plate, this suddenly took on the characteristic blue coloring. Struck by this circumstance I asked M. Broudel if he had made his previous experiments entirely alone, and upon his responding in the affirmative, I saw all at once the cause of his mistake. As elsewhere, with absolute inadvertence, using the same hand to apply the starched plate and that containing the iodized solution, a small quantity of the latter had become mixed with the starch, and was decomposed under the influence of the passage of the current. In this way had been produced the coloring which had caused him to think that the medicament went from one pole to the other by traversing the interposed tissues.

M. Broudel further acknowledged, with entire good faith, that he had made a mistake in experimentation.

The President: The communication of M. Dujardin Beaumetz will serve at the same time as an answer to the claims of priority which were read at the beginning of this meeting.

Of this remarkable medical episode and its sequel, it may be said that it illustrates with sad ridiculousness a too prevalent habit of the medical profession—indeed, we might say of humanity. When M. Broudel announced, not to the ignorant populace, but to the Academy of Paris, that he had discovered a new, agreeable, and above all, an effective way of administering medicines, we were inclined to think that among his large claims there was room for much of truth, and were ready to believe with M. Dujardin Beaumetz, that the discovery amounted to a therapeutic revolution.

When the vast import of such a discovery is considered, one readily sympathizes with the spirit which characterized the author's presentation of his claims, and excuses the jealousy of Onimus and Courserrant and their promptitude in presenting their own claims to priority in the new device. But the most impressive scene in the play is the resignation with which M. Broudel permits M. Beaumetz to strip him of the laurels that seemed already to have marked him as consecrated to a niche in the Temple of Fame. In thus maintaining his temper and good breeding, he may be said to have mounted at least to the lower heights of sublimity.

At this point it might be well to inquire after those uterine fibroids, perimetritis, rheumatics, ovarian neuralgias, etc., which M. Broudel had already cured by electrolyzation before he became convinced that he had been following an *ignis-fatuus*. Did the distressing symptoms, subjective and objective, which are characteristic of these neoplasms, return to vex the unhappy women who erst had left the doctor's hand sound and well under the magic spell of the great discovery, or were they phantom tumors, coming and going at the 'hest of hysteric fancy? Did the perimetritis come again to rack the frame and jeopardize the life of its victim? And the frolicsome neuralgias and rheumatisms, were they conjured back to their accustomed work of torture? If such a catalogue of recurrent ills can be credited to the heartless curiosity of M. Beaumetz, and his persistency in restoring the *status quo* of the therapeutic question, then did he a cruel thing indeed.

But this little incident, the ten thousandth and odd of its class, should not be allowed to pass without its lesson.

If all were true that has been certified even by physicians in regard to medicines and therapeutic measures, there would be no longer need of the profession. The sick man could hardly be cast into a fence corner from which he could not reach out and grasp a weed that would heal him, or, if in the city, he need but touch some wire, knob, or brush, or stand upon some stool which holds the thaumaturgic power to banish disease and summon back to healthy play the waning forces of life.

In all seriousness it is time that physicians should come to observe in experiments the careful analysis and rigid logic that characterize experimenters in physical science. The very uncertainties and difficulties of the subject furnish all the greater reason for the exercise of the most extreme care in estimating the scientific value of any series of observations, and long suffering diffidence in bringing them before the world.

Bibliography

The Ten Laws of Health; or how Diseases are Produced and Prevented, and Family Guide to Protection against Epidemic Diseases and other Dangerous Infections. By J. R. BLACK, M. D., Newark, Ohio.

The comprehensive title of this book is fairly justified by the wide range of useful subjects it embraces. The lessons it conveys are sound, instructive, and eminently suggestive. The object of the work is to make popular the most important laws of health and hygiene. The book contains a great deal of sound advice, and is written in a plain and lucid manner, singularly free from technicalities. It is such a book as might be profitably read in every family, and by every teacher.

D. T. S.

Inebriism: a Pathological and Psychological Study. By T. L. WRIGHT, M. D., Member of the Association for the Cure of Inebriates, Columbus, Ohio. 12mo, pp. 222; cloth. William Hubbard. 1885.

Dr. Wright in this little volume endeavors to portray the evil influences of alcohol upon the organism, and enters upon the task with the zeal characteristic of the reformer. There seems to be a very limited amount of instability of nerve, or moral obtuseness among men that the author would not ascribe to the influence of alcohol exerted either directly or by inheritance. With this as a text, the doctor interweaves a great deal of mental pathology and physiology as found in the more philosophic of the standard authors.

D. T. S.

The Physician's Visiting List (Lindsay & Blakiston's) for 1886. Thirty-fifth year of its publication. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston), 1012 Walnut Street. Sold by all booksellers and druggists.

The list for 1886 contains the Calendar, List of Poisons and Antidotes, Dose Tables, rewritten in accordance with the sixth revision of the United States Pharmacopeia; Marshall Hall's Ready Method in Asphyxia, lists of New Remedies, Sylvester's Method for Producing Artificial Respiration, with illustrations; Diagram for Diagnosing Diseases of Heart, Lungs, etc. The List shows several points of improvement over the older editions, and demonstrates beyond question its worthiness of continued professional favor.

A Text-Book of Pharmacology, Therapeutics, and Materia Medica. By T. Lauder Brunton, M. D., D. Sc., F. R. S., F. R. C. P., Assistant Physician and Lecturer on Materia Medica at St. Bartholomew's Hospital; Examiner in Materia Medica in the University of London, in the Victoria University, and in the Royal College of Physicians, London; Late Examiner in the University of Edinburgh. Adapted to the United States Pharmacopeia. By Francis H. Williams, M. D., Boston, Mass. 8vo, pp. 1035. Cloth, \$5.50; leather, \$6.50. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

The Pedigree of Disease, being six Lectures on Temperament, Idiosyncrasy and Diathesis, delivered in the Theater of the Royal College of Surgeons in the Session of 1881. By Jonathan Hutchinson, F.R.S., late Professor of Surgery and Pathology in the College; Emeritus Professor of Surgery in the London Hospital, President of the Ophthalmological Society, etc. 8vo, pp. 113; cloth. New York: William Wood & Co. 1885.

Epitome of Diseases of the Skin, being an abstract of a Course of Lectures delivered in the University of Pennsylvania during the session of 1883 and 1884. By Louis A. Duhring, M. D., Professor of Skin Diseases. Reported by Henry Wile, M. D., Clinical Assistant in the Department of Skin Diseases in the University Hospital. Philadelphia: J. B. Lippincott & Co. 1886. 16mo, pp. 130. Cloth, price 60 cts.

Manual of the Diseases of Women, being a concise and systematic Exposition of the Theory and Practice of Gynecology, for the use of Students and Practitioners. By Charles H. May, M. D., Late House Physician, Mount Sinai Hospital, New York; Assistant to the chair of Ophthalmology, New York Polyclinic, etc. 12mo, pp. 357; cloth. Philadelphia: Lea Brothers & Co. 1885.

Post-mortem Examinations, with especial reference to Medico-Legal Practice. By Prof. Rudolph Virchow, of Berlin Charity Hospital. Translated by T. P. Smith, M.D., Member of the Royal College of Surgeons, England; with additional and new plates, from the fourth German edition. 12mo, pp. 138. Cloth, price \$1. Philadelphia: P. Blakiston, Son & Co. 1885.

Clinical Therapeutics; Lectures on Practical Medicine, delivered in the Hospital San Antoine, Paris, France. By Professor Dujardin Beaumetz, Physician to the Cochin Hospital, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine.

The Treatment of Nervous Diseases, of General Diseases, and of Fevers. Translated by E. P. Hurd, M. D., Member of the Massachusetts Medical Society, Vice-President of the North Boston Medical Society, one of the Physicians to the Anna Jaques Hospital, Newburyport, Massachusetts. Detroit, Michigan: George S. Davis. 8vo, pp. xvii, and 491. 1885.

Applied Medical Chemistry: a Manual for Students and Practitioners of Medicine. By Lawrence Wolff, M. D., demonstrator of Chemistry, Jefferson Medical College, Member of the German Chemical Society, etc. 8vo, pp. 174. Cloth, price \$1.50. Philadelphia: P. Blakiston, Son & Co. 1885.

Avena Sativa in the Treatment of Opium Addiction, a Therapeutic Fraud, a Delusion, and a Snare. By J. B. Mattison, M.D., Brooklyn, New York. Reprint from Medical Bulletin. October, 1885.

Correspondence.

Editor Louisville Medical News:

On the 20th inst. I was called in consultation with Dr. T. G. Patterson to see Mrs. Conch, a lady of twenty-eight years, taken in premature labor. When I arrived the Doctor had delivered her of three babies, and I proceeded to deliver her of two more, making five in all. I believe they were all alive, but died soon after birth. They were all fully developed for six months' children. The after-birth, which was solid, came away immediately, and the mother is getting along well at the present time. Now, Mr. Editor, this will give you an idea of our resources for population and the broad principles we propose to do business on in Texas.

Respectfully,

H. A. HENRY.

SAVOY, TEXAS, OCT. 22, 1885.

CINCINNATI ACADEMY OF MEDICINE.—On Monday evening, November 2d, Dr. A. B. Thrasher will read a paper on Follicular Pharyngitis.

Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated Meeting, September 25, 1885. The President, Dr. Edward E. Montgomery, in the chair.

Dr. J. G. Heilman reported a case of empyema.

"The case to which I direct your attention is that of E. M., aged nine years. His family history indicates some tendency to pulmonary disease, but his health has always been good. I was called to see him April 24, 1885, and found him suffering from an attack of measles; the case, however, presented nothing unusual until April 29th, when pneumonia, limited to the lower lobe of the left lung, set in, and the case became more serious. Two days later, May 1st, I was hastily summoned and found him suffering with intense pain on the left side of his chest, and excessively nervous. The symptoms suggested pleurisy, which the physical signs showed to be present. An opiate, with counter-irritants, afforded relief, but on the following day there was a decided effusion which continued to increase in quantity until it filled the entire pleural cavity on the left side. Respiration being entirely suspended on that side, the dyspnea was very great. Temperature ranged between 102° and 103.5°. The acute symptoms gradually abated, but there was very little decrease in the quantity of effusion. By May 13th, two weeks after the beginning of the attack, he seemed fairly comfortable, temperature ranging between normal and 99.5°. On measuring the chest the affected side was found to be one inch larger than the other. The percussion note was still non-resonant; respiratory sounds and movements were absent. Absorption seemed to have commenced when the patient's stomach became so irritable that scarcely any nourishment could be given for a week, and the effusion again filled the left pleural cavity; and in spite of quinia, potassium iodide, Basham's mixture, hydragogue cathartics (with tincture of iodine and cantharidal colodion externally), the patient gradually grew worse. The temperature, however, during this period never rose above 100°, nor the pulse above 95, except temporarily after exertion or following an attack of nervousness. On June 19th Dr. E. R. Stone saw the case with me, and we concluded that paracentesis was the only measure that promised relief. The condition of the

patient at this time was not so serious as to cause us to suspect the presence of pus.

His appetite was fairly good, he spent a portion of each day on the streets, had fever only occasionally, and slept well. There was dyspnea, but not to so marked a degree as would be expected in a case of this character. On June 23d Dr. Stone and I introduced an aspirating needle into the pleural cavity and withdrew eighteen ounces of pus. No unpleasant symptoms attended the operation, and marked relief was afforded. The lung expanded, and twelve hours later I found a good respiratory murmur at the apex. The improvement was but temporary, and a week later the entire cavity had again filled. We now decided to use the aspirator daily and remove as much of the fluid as the patient could bear.

To obviate the necessity of a daily puncture with the needle, we decided to introduce a tube and retain it in position. With a trocar and canula, such as is generally used for tapping the abdominal cavity, we made a puncture and, after withdrawing the trocar, passed a soft rubber catheter through the canula. The latter ends were drawn out over the catheter, thus leaving in the pleural cavity a tube to which the aspirator could be attached at any time. As the puncture through the chest-wall was no larger than the diameter of the tube, there was no danger of air passing in. The tube was held in position by a strip of adhesive plaster, and closed by a wooden peg when not attached to the aspirator.

June 30th, 16 oz. of pus were withdrawn; July 1st, 14 oz.; July 2d, 10 oz.; July 3d, 7 oz.; July 4th, 3 oz.; July 5th, 5 oz.; July 6th, 7 oz.; July 7th, 6 oz.; July 8th, 2 oz. Total amount of pus removed was 88 ounces. The aspiration of July 8th was followed by a little blood. From July 9th to the 14th a daily trial was made, but no further discharge took place. On the 11th instant a little water was injected, but immediately was forced out between the chest wall and the tube. The lung in the meantime had expanded, and an almost normal respiratory murmur was noted over nearly the entire chest, with good percussion resonance. On July 13th I injected water again, with the same result as before. On the 14th, on consultation with Dr. W. F. Buchanan, the tube was removed and the wound was closed with adhesive plaster. The left side at this time measured fully seven eighths of an inch less than the right side.

The patient's condition had now decidedly improved; his appetite was very good and his strength was returning rapidly. He is to-day in very good condition; goes to school, is active in out-door plays, and has gained ten pounds in weight during the last month.

The points of interest in the case are:

1. The length of time during which the lung was compressed, viz., *seven weeks* from the beginning of the effusion until the aspirator was first used; *eight weeks* before a regular systematic effort was made to remove the pus. Yet the lung steadily expanded as the pus was removed, and filled up the vacuum created.

2. The time required for the removal of the entire quantity of pus, *nine days*. There was no discharge after that time, and the tube might safely have been removed then.

3. No antiseptic solution was injected, indeed no attempt was made to wash out the pleural cavity. It is true that a small quantity of water (not more than f.3ij) was injected twice; but this was done for the purpose of removing any clots that might be obstructing the tube. I am aware that this was not in accord with modern teachings and practice, but it is difficult to see how antiseptic washes could have hastened the recovery of the patient. The aspirator in the treatment of these cases possesses, it seems to me, so many advantages that I can scarcely conceive of a case where we would be justified in resorting to the old method of open drainage. The simplicity of the operation in the one case, and its difficulty and gravity in the other, is a point worthy of consideration. It is a trifling matter to puncture the chest-wall with a small trocar and canula, but in a patient already exhausted often a most serious one to make two large openings and remove portions of the ribs. Cleanliness is another point for consideration. In the case just reported not a drop of pus escaped except when the aspirator was used. There was absolutely no unpleasant odor at any time, nor soiling of the patient's clothing, both so annoying where an open drainage-tube is used. A still greater advantage, in my opinion, is the control it gives the physician over the expansion of the lung. He can cause it to expand rapidly or slowly, at his pleasure. The expansion being a gradual one, those distressing symptoms which so often result from a sudden removal of the fluid are avoided."

The patient was then exhibited, the two sides of the chest resembled each other in contour. Dr. Heilman said that on measurement a few days ago the left side was only one fourth inch smaller than the right. Percussion note same on the two sides.

In the discussion Dr. Collins remarked that he noticed a slight friction sound on the affected side, which was probably due to a deposit of lymph on the pleural membrane; he thought if aspiration had been done earlier there would have been less danger of a deposit. He considered it an advantage to aspirate early, would not hesitate to operate at the end of fourteen days. In regard to the use of antiseptics he did not consider them necessary, as with the aspirator no air enters the pleural cavity.

Dr. Beates said that in his experience the entrance of air into the pleural cavity had caused no unfavorable symptoms.

Dr. Heilman in closing the discussion said that he had used the aspirator as soon as the consent of the parents could be gained; they were very much averse to an operation. The pleural cavity was entirely filled and there was some trouble in finding the intercostal space on this account. He considered that the escape of blood was due to the aspirator.

Dr. Edward E. Montgomery read a paper on Tracheotomy in Croup and Diphtheria, which will be published in full, in the *Archives of Pediatrics*.

MARY WILLITS, M. D.,
Reporting Secretary.

Selections.

A CASE OF HYSTERECTOMY IN WHICH REMOVAL OF THE APPENDAGES HAD FAILED TO ARREST THE HEMORRHAGE OR GROWTH OF THE TUMOR.—Mrs. A. P., aged forty, was placed under my care by Dr. Lycett, of Wolverhampton, in January, 1882. She had a large myoma, which caused persistent hemorrhage. For its treatment, I proposed the removal of the appendages, and proceeded with this operation on January 4, 1882. I removed the left tube and ovary, as I thought at the time, completely, but the right tube and ovary could nowhere be found, although I extended my incision to the extreme length of eleven inches and a half, and pulled the tumor right out of the abdomen. Still, I could not find any trace of the ovary or tube on the right side. I replaced the

tumor, and the patient made an admirable recovery. But neither the growth of the tumor nor the recurrence of menstrual hemorrhage were in the least degree affected by that operation. In March, 1884, she again came under my care for the purpose of having the tumor removed. It had increased to quite three times the size it was in 1882, and her condition was that of extreme debility and anemia from hemorrhage. I opened the abdomen on March 25th, for the purpose of removing the tumor; but the hemorrhage was so terrific from the adhesions which had to be separated, that I desisted, and closed the wound. The patient went home in about three weeks, with no other hope before her than that of a speedy death. She was one of the thirteen cases of which I spoke to the British Gynecological Society a few months ago, which then were known to me to be in progress of death from bleeding myomata. The only remaining interest which I had in the case was the expectation of having a *post-mortem* examination, to discover, if possible, why my original operation had failed.

One day early in August, I happened to be in Wolverhampton, and called to see how the patient was, and, to my surprise, found her still alive, and able to get about in a sort of fashion, with the hemorrhage still going on, and certainly no kind of improvement effected in her condition. The tumor had grown until it occupied the whole abdomen, and interfered very much with her breathing. The patient was extremely thin, and of a most ghastly color. She is a woman of remarkable pluck, and when I suggested to her that, if she liked, I would try the operation of removal of the tumor once more, explaining to her that I would complete the operation, no matter what it cost, she yielded a ready consent. Therefore, again, on September 5th, assisted by Mr. J. W. Taylor, I succeeded in removing a tumor somewhere about forty pounds in weight. The adhesions were all in front on the line of the old incision. The tumor itself proved to be, as I had all along suspected, one of the large soft edematous myomata, occupying the anterior wall of the uterus, the cavity of the organ lying quite behind it, and measuring nine inches long, and three and a half inches wide at the base. After removal of the tumor, about four quarts of serum exuded from it in the course of a few hours. The pedicle was broad, but easily secured by a clamp. The patient has made a rapid and easy recovery.

Very careful examinations of the tumor were made independently by Mr. Taylor and myself, and we came exactly to the same conclusions, which are as follows: That there was no aperture on the right corner of the uterus, and that there was no trace of the right ovary or tube. The aperture on the left corner of the uterus was large enough to admit a No. 5 catheter, and there was more than two inches of the left fallopian tube outside, which had not been removed at the original operation. No trace could be discovered of the left ovary. This ovary, fortunately, I had preserved, and, when I re-examined the organ which had been removed on January 4, 1882, I found that its removal had been quite complete, but only about one inch of the outer part of the fallopian tube had been removed with it. Here, then we have an extremely curious condition. The appendages on the right side were congenitally absent. The failure of the removal of the uterine appendages to arrest the growth of this tumor had always been regarded by me as due to the fact that the tumor was one of the soft edematous myomata, and the case is alluded to in my recent paper in the British Medical Journal as No. xxv., and as being the only real failure in my experience up to the time included in that paper. Now, the evidence is to the effect that the failure was due, not to the peculiar nature of the tumor, but to the fact that I did not completely remove the only fallopian tube which the woman possessed. In speaking of the cases of myoma, I have recently alluded to three cases in my experience where I have failed to arrest the growth of the tumors by removal of the appendages. In all three cases, I have regarded the reason of this failure as being due to the nature of the tumor, that of edematous myoma. In this, the first of the three cases in which I have had an opportunity of verifying the accuracy of my opinion, my view of the tumor has been correct, but it seems to me far more probable that the failure of my first operation was due to the incomplete removal of the tube, than to the intrinsic quality of the tumor. I need not point out that this case goes a long way to show that removal of the ovaries has nothing to do with the brilliant results of these operations for bleeding myoma. As I have often said, in many cases I have deliberately left the ovaries, and yet success has been perfect. In this, the ovary was absolutely removed, and the operation failed. This case is one

of thirteen patients who were in the process of death from myoma, to whom I alluded in a speech made to the British Gynecological Society. I hope to be able still further to reduce the list after such an encouraging experience.

I have just received a letter from my friend, Dr. Keith, in which he tells me, to my intense delight, that he has been able successfully to remove another from this list of impending fatalities. I have not the slightest doubt that, in every one of those thirteen cases, if the operation were done under the improved methods of Dr. Keith, we should have a successful result. But, unfortunately, the patients shrink from the proceeding from which alone they can derive any prospect of benefit.—*Lawson Tait, F. R. C. S., in British Medical Journal.*

PUERPERAL DIPHTHERIA.—In speaking of the pathological anatomy of this disease, Dr. Henry J. Garrigues, in a paper presented to the American Gynecological Society (Boston Medical and Surgical Journal), said: The characteristic feature of the disease is the diphtheritic infiltration, which is usually of light pearl-gray color, generally appearing in small spots and coalescing or extending by involving new areas. The exudation is firmly adherent to and imbedded in the underlying tissue. It is most marked at the points where the canal becomes narrow. This may be explained by the more frequent occurrence of lacerations at this point. The posterior wall of the vagina is more commonly attacked than the anterior wall, which is probably due to the fact that it is bathed with the discharges from the uterus. The exudation may, however, appear on entirely healthy portions of mucous membrane, which have not been the seat of laceration. The surrounding parts are more or less swollen. The connective tissue of the pelvis is infiltrated with serous fluid, and is sometimes the seat of ecchymosis. The skin is sometimes the seat of a dusky erythema, consisting of minute spots, disappearing on pressure and not elevated. In one case petechie as large as hempseed existed. These were not affected by pressure. The same patient later developed erysipelas.

In five cases, ending fatally, autopsies were made. The uterus was much enlarged, sometimes reaching almost to the umbilicus two weeks after labor.

The cervix may be torn, showing diphtheritic patches or a thin gray film. In two

cases, large portions of the cervix sloughed and the vagina became gangrenous. The tissue of the uterus is friable and may be almost diffuent. The diphtheritic exudation may affect the fallopian tubes. In some cases the muscular tissue of the uterus is scooped out as in dissecting typhus, of which I have described several cases. This occurred in four of the cases of puerperal diphtheria. In one case the mass thrown off was four inches long, two inches wide, and one inch thick. These masses have a pear shape, their outer surface is of a gray color, the inner surface flesh color. They are perforated with a number of holes leading into uterine sinuses. Under the microscope these masses are shown to consist of smooth muscular fiber in a more or less advanced state of fatty degeneration. The connective tissue is increased. Lesions were also found in other organs and occasionally in the joints.

Difficult labors and a previous weakened condition of the patient predisposed to the development of the condition. The real cause of the disease is, however, an infection from the outside. I have never been able to convince myself that the poison passed from one patient to the other, but it seems to be in the air of the ward. When a ward has been fumigated with sulphurous acid there would not be a seriously sick patient for weeks. That the poison comes from the outside is also shown by the fact that when the prophylactic treatment, to which I shall refer, is adopted, the disease does not develop.

The first symptom which shows a deviation from a normal course is usually the occurrence of fever, which mostly appears from two to four days after delivery. Sometimes there will be a chill or chilly feeling. The temperature rises gradually, as a rule. It has ranged from 100.6° to 107°, the average being from 102° to 104°. Anorexia, vomiting, coated tongue, and diarrhea witness the disturbance of the gastro-intestinal canal. The patient complains of pain in the epigastrium and one or both groins, sometimes extending into the legs. Examination shows the uterus larger than it should be, and quite tender. Tenderness is often also found in the groins, and some swelling may also be observed. The lochial discharge is often scanty and offensive, but in some cases it has been normal. In those cases in which there was expulsion of the tissues of the uterus, there has been a purulent discharge until expulsion has been accom-

plished. The diphtheritic patch commonly appears from three to seven days after delivery. It continues to spread for several days, and usually stops in from three to eight days after the beginning of treatment. In one case the diphtheritic patches also appeared on the tongue, indicating that the disease is identical with the ordinary form of diphtheria attacking the throat. The irritation of the nervous system is evidenced by headache, stupor, and delirium. There is alteration of the renal secretion, and sometimes there is painful micturition. Three patients had albuminuria. In two cases jaundice bore testimony to the perverted condition of the blood. The sweet breath and profuse sweats of septicemia were observed twice. One patient developed painful arthritis of the elbow-joint. When once the diphtheritic process was arrested, the patients recovered rapidly.

There is scarcely any difficulty in the diagnosis. When the injections of bichloride of mercury are employed, they cause a yellow discoloration of abraded surfaces. This is strictly limited to the abraded surface, and is unaccompanied with general symptoms. When the chloride of zinc is applied to the affected surface in the treatment of the disease, a slough is caused, having the color of the deposit, and the physician is sometimes at a loss to determine whether or not the disease is spreading. The point is decided by noting where the application is made and by observing the edge of the deposit. The diphtheritic deposit has a scalloped outline, while the outline of the slough is smooth.

As to prognosis, five out of twenty-nine cases died, giving a mortality of 17.2 per cent. Another of the cases might have survived, for she lived thirty-two days and died from rupture of the uterus while an assistant was using an intra-uterine injection. The post-mortem showed the walls of the uterus to be extremely thin. The duration of the cases ending in recovery is usually about two weeks. In those cases in which a portion of the uterus is scooped out the organ is left in a weakened condition, which in future pregnancies may predispose to rupture of the uterus.

In the way of prophylaxis, it is recommended to limit the vaginal examinations during labor as much as possible. The finger or hand should not be introduced into the uterus unless absolutely necessary. The delivery should be so accomplished as to avoid as much as possible wounding of the

genital canal. Instruments should be used with care. The most important element in the prophylaxis is the use of bichloride of mercury as an antiseptic. Every thing coming in contact with the patient should be washed in the solution of corrosive sublimate, one to two thousand. After this treatment was introduced only one case appeared in six months, and that was due to carelessness on the part of a resident who delivered a woman immediately after removing a macerated fetus from another patient.

After the disease appears the treatment must be energetic. The only treatment that has given me satisfaction is that with chloride of zinc. The affected parts are touched with a solution consisting of equal parts of chloride of zinc and distilled water. This is rather painful, and an anesthetic may be used. A warm solution of corrosive sublimate, one to two thousand, is used for intra-uterine injection where this is required, and subsequently a suppository of fifteen grains of iodoform is introduced. If this is done the process need not be repeated more than once in the twenty-four hours. The vagina is to be douched every three hours. The parts should be examined every day, and if the process is not arrested the chloride of zinc is to be repeated. If the disease is limited to the vagina and vulva, the intra-uterine treatment is omitted. Extract of ergot is also given, with the hope of causing contraction of the uterus. Morphia, quinia, and digitalis are used as indicated. High temperature is combated with sponge bathing, salicylic acid, and, if necessary, the rubber coil and ice-water. Carbolic acid is also given, sometimes combined with compound tincture of iodine. If the temperature is not very high, warm poultices are preferred to the ice-bag and coil. Where there is diarrhea, warm poultices are also considered profitable.

Samples of the occlusion bandage, to be used after labor, were exhibited. They consisted of a pad of absorbent cotton wet with the corrosive sublimate solution, over this a piece of oiled muslin or rubber cloth, and over all another piece of absorbent cotton and a piece of muslin or flannel to attach it to the binder.

SANTONIN IN AMENORRHEA.—At the risk of being regarded premature, I wish to attract early attention to the therapeutic value of santonin in the treatment of some forms

of amenorrhea, especially when associated with chloro-anemia.

Some years ago, during my attendance upon a young lady of seventeen, suffering from an obstinate ingrowth of a toe-nail, it was incidentally mentioned that the patient had symptoms suggestive of worms. I prescribed ten-grain doses of santonin, to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms, however, made their appearance, but a few days afterward I was casually told that menstruation, which had been in abeyance for several months, had again taken place, and in a much more healthy manner than formerly. The coincidence did not impress me at the time, and I never for a moment supposed that the reappearance of the catamenia had the most remote connection with the two doses of santonin. The subject did not cross my mind again till upward of twelve months afterward, when one day, while prescribing for a young girl suffering from ozena, I was forcibly struck with her chloro-anemic appearance. Influenced by some impulse—"the association of ideas"—I ordered santonin in the same manner and in the same doses as in the previous case, and, much to my surprise, I must confess, with the same results. I have frequently since administered santonin in amenorrhea with almost universal success, and in many cases after the ordinary remedies, including the permanganate of potash, had been tried in vain. I must admit that I have not had an opportunity in any of my cases to investigate the concurrent uterine pathological condition. I have simply given the drug empirically to all patients who have come under my notice suffering from amenorrhea, with expectant uncertainty. My immediate object is to submit my brief experience to the profession, in the hope that the experience of others may shortly test the potent or valueless influence of the drug in this particular derangement.

One of my cases is, perhaps, worth brief mention, as illustrating in a marked degree the class of cases so frequently brought under professional observation, and one that has received remarkable benefit from the drug. The patient was a young lady sixteen years of age. She was the daughter of an elderly, drunken father, and she had a rheumatic mother. I saw her first when suffering from symptoms which at the time were attributed to ulceration of the stomach, fixed pain, anorexia, rejection of food, general physical prostration, and lassitude.

She had alarming attacks of prolonged faintness, shortness of breath upon the slightest exertion, and obstinate constipation. Her expression was characteristically that of chloro-anemia, and she was emaciated to the last degree. Confinement to bed, and nutritive enemata, exclusively used for alimentation for two months, restored the digestive organs to the tolerance of simple food; santonin promptly corrected the menstrual function, and at the same time appeared like magic to restore the patient to robust health. Ever since any omission of the period has been immediately rectified by a single dose of santonin.

In cases of chloro-anemia, subordinate to amenorrhea, the drug appears to be of the most signal value, as I have invariably noticed that with the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided. The mere discharge of blood immediately following the administration of the drug will not, I suppose, be accepted by some as normal menstruation, but as a fictitious substitute; it must, however, be admitted that the practical value is established when the discharge, be it vicarious or otherwise, is followed by the amelioration of the chloro-anemia, which in reality constitutes the pressing ailment we have to contend with, rather than the mere absence of menstruation.

Whether santonin, or any other drug, is in a true sense a genuine emmenagogue, is very doubtful, for if we regard menstruation as coincident with ovulation, and ovulation the periodic rupture of a Graafian follicle, we can not expect the ovaries to assume this complex physiological process of definite periodic rotation at will; nevertheless, if a single dose of santonin will immediately produce the apparently normal performance of the function, together with other consensual phenomena, when they have been dormant for several months, it is entitled to some further distinction in the Pharmacopeia than that of being simply a vermifuge. It would be necessary to accept a theory that ovulation could at a certain stage be temporarily suspended, and capable of being immediately accelerated under the influence of certain induced conditions, before we could acknowledge the action of santonin as a true emmenagogue.

Walter Whitehead, in Manchester Lancet.

THE PATHOGENY OF GENERAL PARALYSIS.
In his work on The Progressive Paralysis

of the Insane, Dr. Mendel advocates the view that the conditions which give rise to the disease consist in an active hyperemia in the cortical substance of the brain, and a diseased condition of the vessels, which give rise to an escape of the constituents of the blood into the surrounding tissues. As a consequence of this osmosis and diapedesis, we find a proliferation of the glia cells and connective tissue and an atrophy of the nervous elements. If this theory be correct, pathological changes, similar to those of general paralysis, must obviously occur in animals subjected to conditions giving rise to such an escape of blood. The experimental demonstration, therefore, required that a method should be devised by which the intravascular pressure were so increased as to produce exudation into the cortical matter. The author showed (Berlin Academy of Sciences, April 17, 1884,) that, when a narcotized dog is fixed upon a horizontally-revolving wheel, with its head to the periphery, half an hour's rotation, at the rate of one hundred and twenty turns a minute, makes the white matter of the brain anemic, while the gray matter, the meninges, and skull-cap, are gorged with blood, punctiform hemorrhages being peculiarly abundant in the neighborhood of the sulcus cruciatus. The same process applied to a much milder degree—for five minutes only—produces no such serious disturbances; the animal manifests nothing but the usual symptoms of giddiness, which rapidly pass off. But it was found that by daily repetitions during a fortnight this apparently innocuous rotation gives rise to a general apathy, as well as a loss of muscular sense in the posterior extremities. These symptoms do not disappear if the animal be now left to itself and all its wants well provided for; on the contrary, they become accentuated week by week, the apathy giving place to imbecility, and extensive motor disturbances being developed; complete loss of muscular sense in the four extremities culminating in paralysis, paresis of neck and trunk-muscles, altered bark, and impeded micturition. The appetite is good, yet the body-weight goes on diminishing, and death occurs, with all the symptoms of general paralysis. The post-mortem appearances bear a striking likeness to those observed in the general progressive paralysis of the insane. The dura mater is found adherent to the calvarium, and to the pia and cortex in the neighborhood of the sulcus cruciatus; the brain-substance is de-

pressed here, as well as in the anterior lobe; the pia mater was opaque, especially along the vessels, and adherent to the cortex. The histological changes were most apparent about the sulcus cruciatus and Sylvian fissure, and consisted chiefly of proliferation of nuclei and neuroglia-cells, new formation of vessels, and alteration of ganglion cells. It is worthy of notice that rotation experiments made with the head centrally placed gave rise to cerebral anemia, but were followed by no special results—*British Medical Journal*.

WHEN DOES SYPHILIS BECOME CONSTITUTIONAL?—Discussing this interesting question in the *Nordist Medicinskt Arkiv*, 1885, Dr. Pontoppidan states his belief that the first manifestation of syphilis (the chancre), in its early stage, is a local disease, but that the syphilitic virus will infiltrate the adjacent tissues and glands in a short time afterward. This period he places at two or three weeks. He claims that constitutional infiltration does not take place during the first stage or period of latency of the syphilitic virus. In support of his views he reports five cases, out of a large number experimented upon at the Copenhagen Hospital, in which auto-inoculations were made. The following case will serve as an example, as they are all similar: L. A. was placed in the hospital August 12th, with a small foul ulcer in the sulcus coronarius, and reported infected sixteen days prior. The second day the ulcer was cleaner but somewhat increased in size, with hard infiltration. Inoculation was then performed in three places upon the abdomen of the patient, which the fourth day was noticed as without effect. The sixth day the places of inoculation were hardly perceptible. The fifteenth day adenitis inguinalis was in existence. On the seventeenth day at the place of one of the inoculations a little red, not elevated, spot was seen. The nineteenth day induration was noticed; the red spot increased in size and was slightly elevated; no constitutional symptoms. On the twenty-fifth day the papule was about the size of a pea, elevated and hard; syphilis had then appeared. Syphilitic maculæ were seen on the tonsils, and slight enlargement of the glands about the neck. Constitutional treatment was resorted to. The fortieth day the local lesion, both on penis and places of inoculation, had disappeared. Here, what appeared to be a negative result at first, developed, after a certain pe-

riod of incubation, the characteristic signs of syphilis. If this second inoculation be performed before the initial sclerosis or chancre has had time to entirely poison the organism, the result remains negative at first, but the period of incubation being completed, a new sclerosis is developed. The writer quotes Wallace, Puche, Boeck, and others as having reported cases where secondary inoculation had given rise to one or more fully developed lesions, where the virus was taken from a chancre and inoculated upon the affected individual. From his observations he believes that the chancre thus obtained will disappear before full development if the inoculation be not performed in the early part of the secondary stage, from the fact that the infiltration from the first lesion has become universal.—*Medical Record*.

THE ETIOLOGY OF GOITRE.—During the past two years, our knowledge of the functions of the thyroid gland has been materially increased; we have learnt that the gland has an important influence on the whole economy, and that the suspension of its functions is followed by a peculiar form of degeneration which shows itself by a variety of apparently dissimilar symptoms, the most conspicuous being a mucoid degeneration of the connective tissue, a condition of anemia, and a progressive mental hebetude. Dr. Thursfield has opportunely come forward with a thoughtful paper on the Etiology of Goitre in England, read before the Society of Medical Officers of Health. He has not, it is true, made as much use of recent observation and experiment as might have been anticipated, but he has succeeded in looking at the subject from a larger point of view than has usually been reached by writers on the subject. Starting from the known fact that the thyroid is a highly expandible organ liable to become larger under various physiological conditions, he has looked to the causes which might tend to perpetuate a state which in health is short and intermittent. First of these causes he places a diminished atmospheric pressure; in hilly districts, therefore, enlargement of the thyroid appears at an early age, and is, according to Dr. Thursfield, even more common below the age of puberty than above; at puberty the enlargement usually ceases, but occasionally it becomes more marked, whence has arisen the impression that the enlargement is connected with the first appearance of catamenia. Given, then, a tendency

toward enlargement of the thyroid, owing to the low atmospheric pressure of hilly regions, he argues that the habit of carrying weights on the head strongly reinforces the tendency by interfering with the cerebral circulation. He confirms the statement that this practice, if it come into operation about the time of puberty, leads to a greater prevalence of goitre in a hilly region; and that, after its abandonment, goitre is less often met with. Dr. Thursfield is inclined to minimize the importance of drinking-water in the production of the disease. The extraordinary discrepancies between the various theories and statements on this head have never been reconciled, and appear to show that the influence thus exerted is not great. He supports the view that the injurious ingredient is iron, and argues that a long-continued excessive ingestion of this food might, by throwing additional work on the thyroid, which has probably for one of its functions depuration of the blood, if not hematopoiesis, lead to hypertrophy of the gland. The most valuable part of the paper is the discussion of the influence of the habit of carrying weights on the head, and the facts adduced ought to be sufficient to give the theory a place in the text-books. Endemic goitre is believed to be diminishing, even in the districts in England where it was once most common. The habit of carrying water, baskets, and bundles on the head was picturesquely, but if its abandonment be followed by the disappearance of the hideous deformities which goitre used to produce, the abandonment will be a gain, even from the esthetic point of view.—*Brit. Med. Journal*.

THE CURE OF EXTRA-UTERINE FETATION BY ELECTRICITY.—It may be regarded as an accomplished and proven fact that electricity in some form is a specific cure for extra-uterine pregnancy. It arrests the growth and destroys the vitality of the embryo and cyst, and its use is followed by a truly remarkable disappearance of all or the greater part of the growth in a short time. This at least is true when the electricity is used during the first half of the pregnancy. As we approach the period of viability in the child the risk of rupture of the cyst diminishes, and the propriety of surgical interference at or near term becomes greater.

The great advantage of the faradic current over all other forms of electricity has been shown, but opinion is not yet settled as to whether we should use a local current for a long time or a strong current briefly,

and how many repetitions of the application are necessary. To determine these points, Dr. Henry G. Landis has conducted a series of experiments which are published in the October number of the American Journal of the Medical Sciences. They are based upon the supposition that success is achieved by the death of the embryo; the specific value of the method being that the fetus will surely be killed if it gets a large enough dose of the current. The experiments are also based upon the supposition that the fetus is, in the matter of vitality, to be compared with some of the lower forms of life.

Dr. Landis draws the following conclusions:

1. In using the faradic current in extra-uterine pregnancy, the applications should be protracted for an hour, if the patient can bear it.
2. The current should be repeatedly applied, in order that the vitality of the fetus may be finally exhausted.
3. The current should for at least one sitting be used in great strength.
4. The current probably acts, not only by destroying the fetus, but by its action upon the placental circulation; an additional reason for a long application.

BORO-GLYCERIDE IN SKIN DISEASES.—Chas. Roberts, F. R. C. S. (British Medical Journal), says he has found this drug a most useful remedy for psoriasis and other scaly forms of skin disease, and especially in allaying the itching which accompanies many forms of skin affections, I venture to call the attention of the profession to its use. A small sample of the preparation sent by the manufacturers happened to reach me while I was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led me to the use of the boro-glyceride as a local remedy with very gratifying results, and I have since employed it with gratifying results in other cases. The action of the drug is certainly not due to the glycerine alone, as I had already tried that substance without permanent benefit. I believe that I was the first, or one of the first, to call attention to the use of liquor carbonis detergens as a local remedy for chronic eczema, and I was led to employ it in the same casual manner. While engaged in making some comparative experiments many years ago at the York Hospital on antiseptics and disinfectants, a sample of

the liquor carbonis was sent to me by the manufacturers, and I immediately extended its use to the treatment of eczema, and especially to the chronic eczematous ulcers of the legs common in the out-patient room of the provincial hospitals. Many patients object to the use of the liquor carbonis on account of its pungent, tarry smell; but no objection of this kind can be advanced against the boro-glyceride, as it is free from scent. It has, however, the drawback of being sticky, like pure glycerine, while it has, on the other hand, the advantage over many other remedies of not being poisonous.

TURPENTINE IN MALIGNANT TUMORS.—Prof. Vingt, of Barcelona, employs a hypodermic injection consisting of one part of turpentine and two parts of alcohol in carcinoma and sarcoma, and has frequently succeeded (as reported in the *Revista de Ciencias Medicas*) in causing these neoplasms to disappear. A local inflammation with fever, lasting about eight days, was the usual consequence of the injection.—*Therap. Gaz.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from October 18, 1885, to October 24, 1885:

Colonel T. A. McParlin, Surgeon, directed to await further orders in New York City. (Letter from A. G. O., October 19, 1885.) Lieutenant-Colonel E. P. Vollum, Surgeon, assigned to duty as Attending Surgeon, Headquarters Department Platte, Omaha, Neb., relieving Assistant Surgeon Wm. C. Shannon. (S. O. 103, Dept. Platte, October 15, 1885.) Major Anthony Heger, Surgeon, directed in addition to his present duties as member of army medical examining board now in session in New York City, to perform the duties of attending surgeon in that city. (S. O. 240, A. G. O., October 19, 1885.) Major Joseph C. Baily, Surgeon, granted leave of absence for twenty days. (S. O. 225, Dept. East, October 19, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended October 24, 1885:

Long, W. H., Surgeon, to proceed to Detroit, Michigan, and assume charge of the service. October 23, 1885. Austin, H. W., Surgeon, to proceed to Albany, N. Y., on special duty. October 14, 1885. Williams, L. L., Assistant Surgeon, relieved from duty at Norfolk, Va., to proceed to Washington, D. C., for temporary duty. October 20, 1885.